



# MEMBERSHIP APPLICATION

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Be sure to save this application to your computer before completing the fields below. Information entered into the application while viewing it in a browser window cannot be saved. Right click on the application and select "Save as" to save the file, then open the saved file on your computer and complete the application.

**Membership Year:** July 1, 20 \_\_\_\_\_ through June 30, 20 \_\_\_\_\_

**School or Organization's Name:** \_\_\_\_\_

**Type of School or Organization:** Public    Independent    For-Profit    Not-For-Profit    For Independent Schools Only:    Boarding    Day

**Organization's Grade Range:** (circle all that apply)    Pre-K    K    1    2    3    4    5    6    7    8    9    10    11    12

**Total Enrollment:** \_\_\_\_\_ **Average Class Size:** \_\_\_\_\_ **Gender:** M    F    Co-Ed

**Religious Affiliation:** \_\_\_\_\_

**Name of your School or Organization's District, Conference, or Hierarchical Entity:** \_\_\_\_\_

**Main Phone for District, Conference, or Hierarchical Entity:** ( \_\_\_\_\_ ) \_\_\_\_\_

**School or Organization's Physical Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_

**School or Organization's Billing Address:** Same as Physical Address    Differs from Physical Address (please fill out the fields below)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_

**School or Organization's Shipping Address:** Please note that we cannot ship to PO boxes. Same as Physical Address    Differs from Physical Address (please fill out the fields below)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Zip/Postal Code:** \_\_\_\_\_

If membership or assessments are to be billed to an entity other than you, the Applicant, please include the bill payer's ERB Member Number, if already assigned, and indicate contact name and phone number below. An ERB Member Number will be assigned if one does not exist.

**Membership to be Billed to:** Individual School    District/Conference/Other    **ERB Member Number:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Assessments to be Billed to:** Individual School    District/Conference/Other    To Be Determined    **ERB Member Number:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Phone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**REQUIRED CONTACT INFORMATION** Please complete all contact information for the titles listed below.

Title	First Name	Last Name	Phone (please include country code, if needed)	Email (required)	Primary Contact (select one)
Head of School/ President			( _____ ) _____ Ext. _____		
Superintendent			( _____ ) _____ Ext. _____		
Principal/ Headmaster			( _____ ) _____ Ext. _____		
Director of Admission			( _____ ) _____ Ext. _____		
Director of Curriculum or Testing Coordinator			( _____ ) _____ Ext. _____		
Billing/Purchasing			( _____ ) _____ Ext. _____		

**OPTIONAL CONTACT INFORMATION** Please use as many lines as needed and add a separate page if necessary.

			( _____ ) _____ Ext. _____		
			( _____ ) _____ Ext. _____		
			( _____ ) _____ Ext. _____		



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As part of ERB's membership requirement, please complete two of the three items below:

1) Applicant is sponsored by two ERB members.

Name of ERB Member: \_\_\_\_\_ City/State/Country: \_\_\_\_\_

Name of ERB Member: \_\_\_\_\_ City/State/Country: \_\_\_\_\_

2) Applicant belongs to an international, national, or regional independent school or relevant educational/industry association.

Name of Association: \_\_\_\_\_

3) Applicant is Accredited. Name of Accrediting Agency: \_\_\_\_\_

Achievement battery currently used: \_\_\_\_\_

Admission or placement test(s) currently used: \_\_\_\_\_

Writing assessment program currently used: \_\_\_\_\_

Other assessments used: \_\_\_\_\_

How did you learn about ERB? \_\_\_\_\_

If you spoke about ERB membership with an ERB representative, other member, or learned about us at an event or through an association, please provide the name/details below:

\_\_\_\_\_

Please include up to 3 additional associations not noted above to which your school/organization is a member:

\_\_\_\_\_

Please include below any additional information about yourself that you would like to share:

\_\_\_\_\_

\_\_\_\_\_

Name/Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Annual Membership Fee: \$375 (\$200 for Nursery Schools)

If submitting your application via email, call (800) 989-3721 and select option 5 to process payment. **Do not email credit card information.** If submitting your application via mail, complete the fields below or include a check made out to Educational Records Bureau with your application. You may also call (800) 989-3721 and select option 5 to process payment. If you need your school-assigned PO number referenced on the membership invoice, please note that request on this application, or submit a copy of the PO along with your application.

#### Credit Card Information (Mail-in applications only. Do not include if submitting via email.)

MasterCard    Visa    American Express

Name on CC: \_\_\_\_\_

CC Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Code: \_\_\_\_\_

Signature: \_\_\_\_\_

I have read and accept the Terms and Conditions of ERB Membership, located at [www.erblearn.org/membership](http://www.erblearn.org/membership), including item No. 6, Confidentiality Agreement.

### Return Application to ERB:

**Email**  
membership@erblearn.org

**Mail**  
Attn: Business Office  
ERB (Educational Records Bureau)  
470 Park Ave South, 2nd Floor South Tower  
New York, New York 10016

**Do not email credit card information.**  
Please call (800) 989-3721 and select option 5 to process payment.

Please include check, credit card information, or call (800) 989-3721 and select option 5 to process payment.

**Questions?** Please contact Susan Limoncelli, Vice President of Member Services, at (800) 989-3721 x2635 or email [slimoncelli@erblearn.org](mailto:slimoncelli@erblearn.org).

Thank you for your application for ERB membership. This information will be reviewed, and you will receive notification from ERB within two business days. New Members will receive a Welcome email, which will include your ERB member number. Membership will be automatically renewed each year as of July 1, and invoices for that year's membership will be sent on or before that date to the billing entity identified on this form. (ERB reserves the right to refuse membership. If membership is not approved, payment will not be processed.)